



1280 Cooley Drive, Suite C
Colton, CA 92324-3957

à à à à à Comprising Riverside and San Bernardino Counties, California à à à à à

MEMBERSHIP APPLICATION

INLAND EMPIRE HIV PLANNING COUNCIL

APPLICANT NAME:	AGENCY NAME (if applicable):
HOME ADDRESS:	AGENCY ADDRESS:
CITY/STATE/ZIP CODE:	CITY/STATE/ZIP CODE
TELEPHONE: BUS () - HOME () -	TELEPHONE: BUS ()
EMAIL ADDRESS:	EMAIL ADDRESS:

Residing within RIVERSIDE or SAN BERNARDINO COUNTY is a Legislative Requirement.

PLEASE ANSWER THE FOLLOWING QUESTIONS. USE ADDITIONAL SHEET(S) IF NECESSARY.
ADD COMMENTS IF APPROPRIATE.

I am interested in serving on the Inland Empire HIV Planning Council for the following reasons:

Explain any experiences you have had working with, or advocating on behalf of, persons living with HIV which furthered your interest in becoming a member of the Inland Empire HIV Planning Council:

What involvement have you had in the planning and programming for HIV / AIDS related services in your community?

Prepare a brief 4 or 5 sentence written sketch of what you hope to accomplish by serving on the Planning Council. (This sketch will be discussed at a regularly scheduled meeting of the Planning Council at the time your candidacy is considered.) Be certain to indicate your name and city of residence at the bottom of this sketch.

Name: _____ **City of Residence:** _____

The attached list of perspectives will be used to determine the appropriate membership category for you on the Council and its committees from the numerous legislatively mandated categories. Qualified candidates will be considered for nomination and forwarded to the County Board of Supervisors when mandated membership slots are open. Please circle the personal and professional perspectives that you would bring to the Council if selected. Your personal information is voluntary and will not be publicized without your consent. Persons living with HIV are encouraged to apply. If you are HIV+ and do not wish to represent this community, do not circle the HIV perspective. If you are HIV+ and wish to represent this community, then you must self identify.

Participation by community members is an integral part of the planning process for Ryan White CARE Act Title I programs. Council meetings are held monthly on a rotating basis in different regions of the two-county area. Committee meetings are held separately, prior to the Planning Council meetings.

I understand that the San Bernardino County Board of Supervisors makes appointments to the Planning Council with the expectation of a three-year commitment. Membership requires participation in the Council, your County Committee and a minimum one other Planning Council sub-committee. You will be assigned to a committee at the time you are qualified as an applicant on the basis of your expertise and perspectives shown on this application. You will also be assigned a mentor to assist you in your Council activities. We strongly encourage you to become involved in committee work immediately to help you familiarize yourself with the operations of the Council.

SIGNED: _____

DATE: _____

Please return this form to:

IEHIVPC
c/o Terry Millette, Title I
San Bernardino Department of Public Health
1280 Cooley Drive, Suite C
Colton, CA 92324-3957

Attn: Membership Committee

PERSPECTIVES CHECKLIST

Please **circle** all of the personal and professional perspectives that apply to you. Your disclosure of personal information is voluntary and will be held in strict confidence.

GENDER IDENTITY			
(1)	Male	(3)	Transgender
(2)	Female	(4)	Transsexual
		(5)	Other (specify)

AGE GROUP			
(6)	13 -20 years	(8)	26 - 45 years
(7)	21 - 25 years	(9)	46 - 60 years and over

HIV STATUS			
(10)	Negative	(12)	AIDS
(11)	Positive	(13)	Unknown

CULTURAL / ETHNIC GROUP			
(14)	African American (specify)	(17)	Native American (specify)
(15)	Asian (specify)	(18)	Pacific Islander (specify)
(16)	Latino/a (specify)	(19)	White (specify)
		(20)	Other (specify)

AFFECTED COMMUNITIES OR ADVOCATES			
PERSONAL (describe yourself)		ADVOCATE (other groups you want to represent)	
(21a)	Bisexual	(21b)	Bisexuals
(22a)	Lesbian	(22b)	Lesbians
(23a)	Gay Man	(23b)	Gay Men
(24a)	Transsexual/Transgender	(24b)	Transsexual/Transgender
(25a)	Homeless & Transient	(25b)	Homeless & Transient
(26a)	Incarcerated/paroled	(26b)	Incarcerated/paroled
(27a)	Infants & children (0 -12 years)	(27b)	Infants & children (0 -12 years)
(28a)	Developmentally disabled	(28b)	Developmentally disabled
(29a)	Mentally impaired	(29b)	Mentally impaired

AFFECTED COMMUNITIES OR ADVOCATES (continued)			
PERSONAL (describe yourself)		ADVOCATE (other groups you want to represent)	
(30a)	Migrant & seasonal farm worker	(30b)	Migrant & seasonal farm workers
(31a)	Person with hemophilia	(31b)	People with hemophilia
(32a)	Physically, visually, hearing impaired	(32b)	Physically, visually, hearing impaired
(33a)	Recent immigrant (including undocumented)	(33b)	Recent immigrants (including undocumented)
(34a)	Sex industry worker	(34b)	Sex industry workers
(35a)	Substance user (in & out of treatment)	(35b)	Substance users (in & out of treatment)
(36a)	Woman	(36b)	Women
(37a)	Youth (13 -21 years)	(37b)	Youth (13 -21 years)
(38a)	Other (specify)	(38b)	Other (specify)

SERVICE PROVIDERS: GOVERNMENT & NON-GOVERNMENT (employee, consultant, contractor, board of directors, and volunteer ¹)			
(39)	Community health care clinic	(43)	Local health department
(40)	Health maintenance organization	(44)	Non-profit community based organization
(41)	Housing agency	(45)	Physicians
(42)	Local alcohol & drug program department	(46)	Public health TB controller
		(47)	Other (specify)

PROGRAM AFFILIATION / COALITIONS (funded agency representatives ², employee, consultant, contractor, board of directors, and volunteer ¹)			
(48)	Title II: ADAP	(53)	Title IIIb: Early Intervention Services
(49)	Title II: CARE/HIPP	(54)	Title IV: Infants & children (0-12 years) Demo. Grants
(50)	Title II: Consortia	(55)	Title IV: Youth (13 - 21 years) Demo. Grants
(51)	Title II: Home & Community Based Care	(56)	Interreligious coalitions
(52)	State HIV Prevention Community Planning Group	(57)	Other (specify)

FEDERALLY-MANDATED CATEGORY OF PLANNING COUNCIL PARTICIPATION (funded agency representatives ², employee, consultant, contractor, board of directors, and volunteer ¹)			
(58)	Health care providers, including federally qualified health center	(64)	Affected communities, including individuals with HIV disease or AIDS and historically under served groups and subpopulations
(59)	CBOs serving affected populations and AIDS service organization	(65)	Non-elected community leaders
(60)	Social service provider	(66)	State Office of AIDS (CARE Act Title II program); State Medicaid agency
(61)	Mental health and substance abuse provider	(67)	CARE Act section 2671 (Title IV) grantees or organizations operating in the EMA with a history of serving children, youth, and families with HIV
(62)	Local public health agency	(70)	CARE Act Title III(b) grantees
(63)	Hospital planning agencies or health care planning agency	(71)	Grantees under other Federal HIV programs (HOPWA, AIDS Dental Reimbursement Program, AETC, SPNS)

CONFLICT OF INTEREST DISCLOSURE (a conflict of interest is not a membership disqualification)			
(72)	Financial interest in entity applying for funds	(74)	Volunteer of entity applying for funds ¹
(73)	Employee or board member of entity applying for funds	(75)	Unknown

¹ If volunteer, describe duties

² If funded agency representative, describe relationship